

CITY OF BROOKHAVEN

TITLE VI AND ADA COMPLAINT FORM

Note: the following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to the City of Brookhaven Human Resources Department, 4362 Peachtree Road NE, Brookhaven, GA 30319.

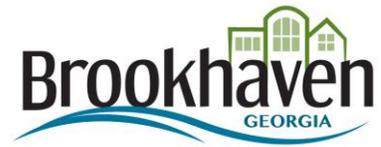
1. Complainant's Name:
2. Address:
3. City, State and Zip Code
4. Telephone number:
5. Person discriminated against (if someone other than the complainant)
 - a. Name:
 - b. Address:
 - c. City, State and Zip Code
6. Which of the following best describes the reason you believe the discrimination took place? Was it because of: (please check)
 - a. Race/color
 - b. Age
 - c. Sex
 - d. National origin
 - e. Disability
7. What date the alleged discrimination take place?

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4362 Peachtree Road, Brookhaven, GA 30319

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8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use additional sheets if additional space is needed.

9. Have you file this complain with any other federal, state or local agency: or with any federal or state court.

- a. Yes
- b. No

10. If yes, please list all agencies and provide information about a contact person at the agency/court where the complaint was filed.

- a. Name:
- b. Address:
- c. City, State and Zip Code
- d. Telephone Number:

11. Please sign and date below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

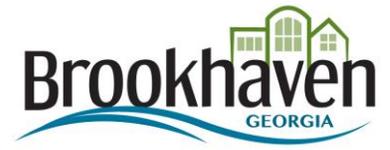
Date

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